



**COMMISSION ON REHABILITATION SERVICES
CUSTOMER SATISFACTION SURVEY**

State Form 46098 (R6 / 7-00) / VRS 0007

CONFIDENTIAL per 1998 Amendments
to the Rehabilitation Act of 1973.

INSTRUCTIONS AND OPTIONS

Vocational Rehabilitation (VR) would like to improve its services. You can help us by letting us know how we are doing. Please take a few minutes to answer the questions on the next page.

You may have concerns and want to talk to someone about your services or job. If you do, check the box OR call the toll-free telephone number by the person you would like to see at the bottom of the next page. If you have things to say about your services or how services could be improved, please write them on the back of the next page.

You have two choices:

Choice One: Answer the survey in the VR office. Put the survey in the pre-addressed and pre-stamped envelope. Give it to the receptionist or secretary and it will be mailed for you.

Choice Two: Take the survey home to answer. Use the pre-addressed and pre-stamped envelope to mail it.

Please feel free to ask questions about the survey while you are at the VR office. Thank you very much for your help.

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Circle the answer to the right which BEST tells how you grade each item below. Feel free to ask for help in filling out this survey if you need it.	Customer number
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	J VERY GOOD	GOOD	OKAY	BAD	L VERY BAD
1. It was easy for me to find and visit my counselor's office.					
2. I like the job I have now.					
3. I got the kind of job I wanted.					
4. I got the services I needed to keep the job I have now.					
5. I picked the kind of job I wanted.					
6. I was able to pick the kind of help I got.					
7. I was able to pick the people who helped me.					
8. My counselor was nice to me.					
9. The other Vocational Rehabilitation staff were nice to me.					
10. The other people who helped provide services to me were nice to me.					
11. I was able to talk to my counselor when I wanted to.					
12. I got fast help from Vocational Rehabilitation.					
13. I will tell my friends to ask Vocational Rehabilitation to help them.					

If you want to talk to someone about your services or job, then check the box OR call the toll-free telephone number by the person you would like to see. If not, then leave both boxes empty.

☐ I want to talk to the Area Supervisor. _____
☐ I want to talk to the Region Manager. _____

If you have things to say about your services or how services could be improved, write them on the back of this page.

Did someone help you fill out this form? ☐ Yes ☐ No

COMMENTS